

Membership #: _____

NORFOLK FITNESS & WELLNESS CENTER

Membership Application

***We accept Checks or Money Orders Only Payable to: Norfolk City Treasurer**

Application Date: _____

Name: First _____ MI _____ Last _____

Street Address: _____

City, State, Zip Code: _____

Home Number: (____) _____ Work Number: (____) _____

Emergency Contact Phone: _____

If you would like to receive email notifications about events at NF&WC, please provide your email address. _____

Gender: ☐ Male ☐ Female

Birthday (MM/DD/Year): ____/____/____

Type of Membership (Check One): ☐ Adult ☐ Senior ☐ Senior (86+) ☐ Youth

Guardian/Mother's Name: _____
(for child member only) Phone: (____) _____

Guardian/Father's Name: _____
(for child member only) Phone: (____) _____

Family Physician's Name: _____ Phone: (____) _____

Please list any applicable medical restrictions: _____

Emergency Contact: _____ Phone: (____) _____

Street Address: _____

City, State, Zip Cope: _____

Help us meet your needs! The following optional information will help the Norfolk Fitness & Wellness Center provide quality programming for community needs.

How did you hear about the Norfolk Fitness & Wellness Center?

☐ Friend/Family ☐ Flyer ☐ Newspaper ☐ Radio/Television ☐ Other _____

What programs are you most interested in?

☐ Aquatics ☐ Dance ☐ Exercise Classes ☐ Fitness ☐ Health Fairs ☐ Music ☐ Senior Programs ☐ Sports ☐ Therapeutics ☐ Walking Program ☐ Wellness Classes ☐ Other _____

***Please read and sign Statement of Understanding on back of form.**

Membership #: _____

NORFOLK FITNESS & WELLNESS CENTER

Membership Application

STATEMENT OF UNDERSTANDING

I hereby certify that I am physically fit and able to engage in the Norfolk Fitness & Wellness Center activities for which I am registered and acknowledge and agree that the City of Norfolk has no knowledge of my physical condition or abilities and is relying entirely on me not to attempt to undertake activities at the Norfolk Fitness & Wellness Center which I am not physically fit or able to perform without risk to my health or safety. I acknowledge and agree that the City of Norfolk cannot make an independent evaluation of my physical health, condition, or abilities and is, therefore, relying upon my representation as stated herein.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)

I hereby acknowledge that I have received a copy of the Norfolk Fitness & Wellness Center Membership Handbook and that I will abide by the policies and rules.

I understand that the annual membership fees to the Norfolk Fitness & Wellness Center are payable in one lump sum and that my membership is non-refundable, non-transferable and \$0 dollar amount pro-rations will be made for whatever reason.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)

OPTIONAL:

In regards to my participation and membership in the Norfolk Fitness & Wellness Center, I grant full permission to the City of Norfolk to use any photographs, videotapes, and motion pictures for any legitimate purpose.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)